

Armed Private Security Guard License Application

FOR VALIDATION ONLY

001-070-299-0011

☐ **New Applicant* \$30.00**

In addition to the \$65.00 Unarmed PSG application fee

☐ **Transfer/Rehire \$30.00**

In addition to the renewal fee, if due

***You need to either already be licensed as an unarmed private security guard *or* submit a completed Unarmed Private Security Guard Application and fee with this application.**

Make remittance payable to State Treasurer
Send this application with your remittance to:
Department of Licensing
PO Box 9048
Olympia, WA 98507-9048

Applicant Information

Please type or print clearly in dark ink

Last Name	First Name	Middle Name	Date of Birth
Applicant's Residence Address (<i>street</i>)			
City	State	Zip Code	Home Telephone No. ()
<input type="checkbox"/> U.S. Citizen <input type="checkbox"/> Resident Alien		Social Security No. (<i>per RCW16.23.150</i>)	Gender <input type="checkbox"/> Male <input type="checkbox"/> Female
Business Name		Company License No.	Company License Expiration Date
Business Address (<i>street</i>)			
City	State	Zip Code	County
Business Telephone No. ()		Fax No. ()	

Firearms Certification Course

RCW 18.170.040(c) requires armed security guards to have a current firearms certificate issued by the Criminal Justice Training Commission (CJTC), telephone (206) 835-7314. After you have completed the firearms training, CJTC will issue a notice that you have completed the training course. An armed license cannot be issued to you until your firearms certificate has been received by the Department of Licensing.

Applicant Personal Data

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| 1. Have you ever been found guilty of fraud, dishonesty, or misrepresentation while performing duties as a private security guard? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 2. Have you ever been found guilty of incompetence or negligence that resulted in injury to a person or created an unreasonable risk to a person? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 3. Have you ever been found guilty of releasing information about the property or valuables you were guarding? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 4. Have you ever been convicted of a gross misdemeanor or felony as a juvenile or adult? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 5. Have you ever been convicted of any act involving unethical or immoral behavior? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 6. Have you been licensed as a security guard in any jurisdiction? If "yes," in what jurisdiction? (<i>Please insert name of state _____ and date _____</i>)
Check your Washington State License status at: https://www2.wa.gov/dol/profquery/licenseeearch.asp | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 7. Have you ever had a security guard license suspended, revoked, or restricted? If "yes," in what jurisdiction? (<i>Please insert name of state _____ and date _____</i>) | <input type="checkbox"/> Yes <input type="checkbox"/> No |

If any conviction was dismissed, please enclose copies of the court documents.

Applicant's signature required on page 2

The Department of Licensing has a policy of providing equal access to its services. If you need special accommodation, please call (360)664-6611 or TTY (360)664-8885.



As part of the application process, we conduct a background check for criminal convictions.

Please provide one clear set of fingerprints with your application.

Certification - Mandatory Signature

I, _____, certify that the information provided in this application
PRINT APPLICANT'S NAME (first, middle, last)
and any supporting documents, is true, complete, and correct to the best of my knowledge. I understand that if I misrepresent or conceal any material fact(s) in my private security guard license application, it is grounds for denial or suspension of a license. I understand that the Department of Licensing may conduct a complete background investigation regarding my application. RCW 18.170.

X

APPLICANT'S SIGNATURE

Date _____

Authorization - Voluntary Signature

I, _____, **voluntarily** authorize the Department of Licensing to
PRINT APPLICANT'S NAME (first, middle, last)
release any and all criminal history information so obtained to my employer, or to my prospective employer.

X

APPLICANT'S SIGNATURE

Date _____

Once filed, this application is a public record and is subject to public disclosure. RCW 42.56